

United States Bankruptcy Court
Northern District of Illinois

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Kostka, Timothy Michael		Name of Joint Debtor (Spouse) (Last, First, Middle): Kostka, Shannon Marie																					
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): AKA Dober																					
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) xxx-xx-2449		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-0613																					
Street Address of Debtor (No. and Street, City, and State): 6023 S. Natoma Chicago, IL		Street Address of Joint Debtor (No. and Street, City, and State): 6023 S. Natoma Chicago, IL																					
ZIP Code 60638		ZIP Code 60638																					
County of Residence or of the Principal Place of Business: Cook		County of Residence or of the Principal Place of Business: Cook																					
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):																					
ZIP Code		ZIP Code																					
Location of Principal Assets of Business Debtor (if different from street address above):																							
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other																					
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).																					
		Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.																					
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																					
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.																							
THIS SPACE IS FOR COURT USE ONLY																							
Estimated Number of Creditors <table border="0"> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>OVER 100,000</td> </tr> </table>				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
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Estimated Assets <table border="0"> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
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Estimated Liabilities <table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion
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Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Kostka, Timothy Michael Kostka, Shannon Marie
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)		
Location Where Filed: - None -	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)		
Name of Debtor: - None -	Case Number:	Date Filed:
District:	Relationship:	Judge:
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.		X /s/ Jason R. Moseley October 21, 2015 Signature of Attorney for Debtor(s) (Date) Jason R. Moseley 29397-45
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.		
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.		
Information Regarding the Debtor - Venue (Check any applicable box)		
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.		
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes)		
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)		
<hr/> (Name of landlord that obtained judgment) <hr/> (Address of landlord) <hr/>		
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).		

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Kostka, Timothy Michael**Kostka, Shannon Marie****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.
 [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
 [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Timothy Michael KostkaSignature of Debtor **Timothy Michael Kostka****X /s/ Shannon Marie Kostka**Signature of Joint Debtor **Shannon Marie Kostka**

Telephone Number (If not represented by attorney)

October 21, 2015

Date

Signature of Attorney***X /s/ Jason R. Moseley**

Signature of Attorney for Debtor(s)

Jason R. Moseley 29397-45

Printed Name of Attorney for Debtor(s)

Law Offices of Moseley & Martinez, LLC

Firm Name

**1559 E. 85th Ave.
Merrillville, IN 46410**

Address

Email: office@mm-bklaw.com**219-472-8391 Fax: 219-472-8394**

Telephone Number

October 21, 2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person,or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court
Northern District of Illinois

In re Timothy Michael Kostka
Shannon Marie Kostka

Debtor(s)

Case No.
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Timothy Michael Kostka
Timothy Michael Kostka

Date: October 21, 2015

B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court
Northern District of Illinois

In re Timothy Michael Kostka
Shannon Marie Kostka

Debtor(s)

Case No.
Chapter

7

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Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

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2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Shannon Marie Kostka
Shannon Marie Kostka

Date: October 21, 2015

United States Bankruptcy Court
Northern District of Illinois

In re **Timothy Michael Kostka,
Shannon Marie Kostka**

Case No. _____

Debtors

Chapter _____

7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	38,539.50		
B - Personal Property	Yes	4	11,900.00		
C - Property Claimed as Exempt	Yes	2			
D - Creditors Holding Secured Claims	Yes	1		99,196.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	15		22,840.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	3			6,461.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			6,399.00
Total Number of Sheets of ALL Schedules		32			
	Total Assets		50,439.50		
		Total Liabilities		122,036.00	

**United States Bankruptcy Court
Northern District of Illinois**

In re **Timothy Michael Kostka,
Shannon Marie Kostka**

Case No. _____

Debtors

Chapter _____

7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	0.00

State the following:

Average Income (from Schedule I, Line 12)	6,461.00
Average Expenses (from Schedule J, Line 22)	6,399.00
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	7,807.12

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		15,617.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		22,840.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		38,457.00

In re **Timothy Michael Kostka,
Shannon Marie Kostka**

Case No. _____

Debtors

SCHEDEULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Residential Real Estate Located at: 6535 W 64th Place, Chicago, IL	Fee simple	J	38,539.50	80,941.00
Lien held by: Credit One Bank				
Value based on: Tax Assessment				
Debtor intends to REAFFIRM				
* Owned by Debtor-Wife and Father				

Sub-Total > **38,539.50** (Total of this page)

Total > **38,539.50**

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

In re **Timothy Michael Kostka,
Shannon Marie Kostka**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking Account with: TCF Bank Savings Account with: TCF Bank Savings Account with: TCF Bank	J H W	1,100.00 50.00 100.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Various household goods & furnishings (appliances, furniture, utensils, kitchenware, etc.) Location: 6023 S. Natoma, Chicago IL 60638	-	500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Various books, CD's, DVD's, pictures, wall hangings, artistry & collectibles Location: 6023 S. Natoma, Chicago IL 60638	-	250.00
6. Wearing apparel.		Personal used clothing, footwear & outerwear Location: 6023 S. Natoma, Chicago IL 60638	-	500.00
7. Furs and jewelry.		Various furs & costume jewelry, watches, rings, etc. Location: 6023 S. Natoma, Chicago IL 60638	-	500.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term Life Insurance Policy through: Employer -No Cash Surrender Value	H	0.00
10. Annuities. Itemize and name each issuer.	X			
			Sub-Total > (Total of this page)	3,000.00

3 continuation sheets attached to the Schedule of Personal Property

In re **Timothy Michael Kostka,
Shannon Marie Kostka**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		401(k) through Current Employer (Pipefitter's Union)	H	Unknown
		401(k) through Former Employer (Tuckpointer's Union)	H	0.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
				Sub-Total > (Total of this page) 0.00

Sheet 1 of 3 continuation sheets attached to the Schedule of Personal Property

In re **Timothy Michael Kostka,
Shannon Marie Kostka**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		State & Federal Income Tax Refunds for current year and all prior years Earned Income Credit portion of State & Federal Income Tax Refunds for current year and all prior years	- J	Unknown Unknown
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2002 Chevy Cavalier MILEAGE: 106,000 Miles Paid in Full Value based on www.kbb.com (Good Condition) Location: 6023 S. Natoma, Chicago IL 60638 2010 Honda Odessey MILEAGE: 65,000 Miles Lien held by: Capital one Value based on www.kbb.com (Good Condition) Location: 6023 S. Natoma, Chicago IL 60638	W H	2,400.00 6,500.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
Sub-Total > (Total of this page)				8,900.00

Sheet 2 of 3 continuation sheets attached
to the Schedule of Personal Property

In re **Timothy Michael Kostka,
Shannon Marie Kostka**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > **0.00**
(Total of this page)
Total > **11,900.00**

(Report also on Summary of Schedules)

Sheet **3** of **3** continuation sheets attached
to the Schedule of Personal Property

In re **Timothy Michael Kostka,
Shannon Marie Kostka**

Case No. _____

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

11 U.S.C. §522(b)(2)
 11 U.S.C. §522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Real Property			
Residential Real Estate Located at: 6535 W 64th Place, Chicago, IL	735 ILCS 5/12-1001(b)	5,000.00	77,079.00
Lien held by: Credit One Bank			
Value based on: Tax Assessment			
Debtor intends to REAFFIRM			
* Owned by Debtor-Wife and Father			
Checking, Savings, or Other Financial Accounts, Certificates of Deposit			
Checking Account with: TCF Bank	735 ILCS 5/12-1001(b)	1,100.00	1,100.00
Savings Account with: TCF Bank	735 ILCS 5/12-1001(b)	50.00	50.00
Savings Account with: TCF Bank	735 ILCS 5/12-1001(b)	100.00	100.00
Household Goods and Furnishings			
Various household goods & furnishings (appliances, furniture, utensils, kitchenware, etc.)	735 ILCS 5/12-1001(b)	500.00	500.00
Location: 6023 S. Natoma, Chicago IL 60638			
Books, Pictures and Other Art Objects; Collectibles			
Various books, CD's, DVD's, pictures, wall hangings, artistry & collectibles	735 ILCS 5/12-1001(a)	250.00	250.00
Location: 6023 S. Natoma, Chicago IL 60638			
Wearing Apparel			
Personal used clothing, footwear & outerwear	735 ILCS 5/12-1001(a)	500.00	500.00
Location: 6023 S. Natoma, Chicago IL 60638			
Furs and Jewelry			
Various furs & costume jewelry, watches, rings, etc.	735 ILCS 5/12-1001(b)	500.00	500.00
Location: 6023 S. Natoma, Chicago IL 60638			
Interests in Insurance Policies			
Term Life Insurance Policy through: Employer -No Cash Surrender Value	215 ILCS 5/238	100%	0.00
Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans			
401(k) through Current Employer (Pipefitter's Union)	735 ILCS 5/12-1006	100%	Unknown
401(k) through Former Employer (Tuckpointer's Union)	735 ILCS 5/12-1006	100%	0.00
Other Contingent and Unliquidated Claims of Every Nature			
Earned Income Credit portion of State & Federal Income Tax Refunds for current year and all prior years	735 ILCS 5/12-1001(b)	1.00	Unknown

In re **Timothy Michael Kostka,
Shannon Marie Kostka**

Case No. _____

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

(Continuation Sheet)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Automobiles, Trucks, Trailers, and Other Vehicles			
2002 Chevy Cavalier MILEAGE: 106,000 Miles Paid in Full Value based on www.kbb.com (Good Condition) Location: 6023 S. Natoma, Chicago IL 60638	735 ILCS 5/12-1001(c)	2,400.00	2,400.00
2010 Honda Odessey MILEAGE: 65,000 Miles			
Lien held by: Capital one Value based on www.kbb.com (Good Condition) Location: 6023 S. Natoma, Chicago IL 60638	735 ILCS 5/12-1001(c)	2,400.00	6,500.00

In re **Timothy Michael Kostka,**
Shannon Marie Kostka

Case No. _____

Debtors

SCHEDELE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTO R H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT T	UNLIQUIDATED D I S P U T E D A T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. 62062164755501001						
Capital One Auto Finan 3901 Dallas Pkwy Plano, TX 75093	H	Opened 9/25/13 Last Active 6/25/15 Automobile Loan 2010 Honda Odessey MILEAGE: 65,000 Miles Lien held by: Capital one Value based on www.kbb.com (Good Condition) Location: 6023 S. Natoma, Chicago IL				
		Value \$ 6,500.00			18,255.00	11,755.00
Account No. 303231020310						
Credit Union 1 200 E Champaign Ave Rantoul, IL 61866	J	Opened 3/23/10 Last Active 7/01/15 Mortgage Residential Real Estate Located at: 6535 W 64th Place, Chicago, IL Lien held by: Credit One Bank Value based on: Tax Assessment Debtor intends to REAFFIRM * Owned by Debtor-Wife and Father				
		Value \$ 77,079.00			80,941.00	3,862.00
Account No.						
		Value \$				
Account No.						
		Value \$				
0 continuation sheets attached					Subtotal (Total of this page)	99,196.00 15,617.00
					Total (Report on Summary of Schedules)	99,196.00 15,617.00

In re **Timothy Michael Kostka,
Shannon Marie Kostka**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

Deposits by individuals

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **Timothy Michael Kostka,
Shannon Marie Kostka**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	TYPE OF PRIORITY				AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	AMOUNT ENTITLED TO PRIORITY
			CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM		
Account No.								
Illinois Department of Revenue PO Box 64338 Chicago, IL 60664-0338	-	Taxes				Unknown	Unknown	Unknown
Account No.								
IRS Centralized Insolvency Operation PO Box 21126 Philadelphia, PA 19114-0326	-	Taxes				Unknown	Unknown	Unknown
Account No.								
Account No.								
Account No.								
Account No.								
Sheet <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims	Subtotal (Total of this page)				<u>0.00</u>		<u>0.00</u>	
	Total (Report on Summary of Schedules)				<u>0.00</u>		<u>0.00</u>	
					<u>0.00</u>		<u>0.00</u>	

In re **Timothy Michael Kostka,
Shannon Marie Kostka**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 467966			Opened 8/21/13				
A/R Concepts 18-3 E Dundee Rd Ste 330 Barrington, IL 60010			Collection 04 Municipality Hins				75.00
Account No.			Medical Bills				
Adroita 120 E Ogden Ave Hinsdale, IL 60521	J						93.00
Account No.			Medical Bills				
Adventist La Grange Memorial Hosp. PO Box 24013 Chattanooga, TN 37422	J						95.00
Account No.			Medical Bills				
Advocate Christ Medical Center 4440 West 95th Street Oak Lawn, IL 60453	J						598.00
14 continuation sheets attached				Subtotal (Total of this page)			861.00

In re **Timothy Michael Kostka,
Shannon Marie Kostka**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
					336.00
Account No.		Medical Bills			
Advocate Health Care PO Box 4256 Carol Stream, IL 60197	J				
Account No.		Medical Bills			
Advocate Medical Group PO Box 92523 Chicago, IL 60675	J				0.00
Account No. 4581733928PA00001		Opened 9/21/04 Last Active 3/26/14			
Aes/Nct Po Box 61047 Harrisburg, PA 17106	H	Employment			0.00
Account No. 4581733928PA00002		Opened 2/01/05 Last Active 3/26/14			
Aes/Nct Po Box 61047 Harrisburg, PA 17106	H	Employment			0.00
Account No. -3499906328843933		Opened 4/10/03 Last Active 6/01/15			
Amex Po Box 297871 Fort Lauderdale, FL 33329	W	Credit Card			2,913.00
Sheet no. 1 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)			3,249.00

In re **Timothy Michael Kostka,
Shannon Marie Kostka**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. -3499913235772623		Opened 9/01/03 Last Active 7/01/15 Credit Card				
Amex Po Box 297871 Fort Lauderdale, FL 33329	W					2,802.00
Account No. -3499906499856543		Opened 4/01/03 Attorney Fees				
Amex P.O. Box 297871 Fort Lauderdale, FL 33329-7871	W					0.00
Account No. -3499905783635433		Opened 4/01/03 Last Active 3/01/08				
Amex P.O. Box 297871 Fort Lauderdale, FL 33329-7871	W					Unknown
Account No. -3499914014400603		Opened 12/01/03 Last Active 2/01/08				
Amex P.O. Box 297871 Fort Lauderdale, FL 33329-7871	W					Unknown
Account No. -567745660015352587		Opened 12/01/03 Last Active 12/01/07				
Amex P.O. Box 297871 Fort Lauderdale, FL 33329-7871	W					Unknown
Sheet no. 2 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)		2,802.00	

In re **Timothy Michael Kostka,
Shannon Marie Kostka**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. -567745660015365512		Opened 4/01/03 Last Active 4/01/06				
Amex P.O. Box 297871 Fort Lauderdale, FL 33329-7871	W					Unknown
Account No.		Medical Bills				
Archer Family Medical Group L 6649 W Archer Ave Chicago, IL 60638	J					12.00
Account No.		Utilities				
AT&T PO Box 6416 Carol Stream, IL 60197-6416	J					0.00
Account No.		Notice				
Attorney Kevin W. Mortell 1821 Walden Office Square Suite 400 Schaumburg, IL 60173	J					0.00
Account No.		Notice				
Blatt, Hasenmiller, Leibskar & Moor 125 S. Wacker Drive, Suite 400 Chicago, IL 60606	J					0.00
Sheet no. 3 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			12.00

In re **Timothy Michael Kostka,
Shannon Marie Kostka**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 5268350057513496		Opened 6/13/11 Last Active 5/01/13 Credit Card				0.00
Cap One 26525 N Riverwoods Blvd Mettawa, IL 60045	H					
Account No. 169603-1953894723		Opened 5/03/12 Last Active 4/01/13 Charge Account				0.00
Cap1/Bstby 26525 N Riverwoods Blvd Mettawa, IL 60045	W					
Account No. 169603-1995633964		Opened 10/12/12 Last Active 1/01/13 Charge Account				0.00
Cap1/Bstby 26525 N Riverwoods Blvd Mettawa, IL 60045	H					
Account No. 204622-2100123819		Opened 9/28/05 Last Active 10/31/05 Charge Account				0.00
Cap1/Cosco Po Box 5253 Carol Stream, IL 60197	W					
Account No. 62062192366691001		Opened 6/08/11 Last Active 9/19/13 Automobile				0.00
Capital One Auto Finan 3901 Dallas Pkwy Plano, TX 75093	W					
Sheet no. 4 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			0.00

In re **Timothy Michael Kostka,
Shannon Marie Kostka**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
					0.00
Account No. 5178057316695233		Opened 12/13/07 Last Active 5/20/11 Credit Card			
Capital One Bank Usa N 15000 Capital One Dr Richmond, VA 23238	H				
Account No. 211204-1209785491		Opened 9/01/04 Last Active 11/01/04 Charge Account			
Carson Pirie Scott 331 W Wisconsin Ave Milwaukee, WI 53202	W				
Account No. 5121072311963542		Opened 12/03/10 Last Active 6/01/15 Credit Card			
Cbna Po Box 6283 Sioux Falls, SD 57117	W				2,581.00
Account No. 4147202060772504		Opened 6/16/97 Last Active 10/03/11 Credit Card			
Chase P.O. Box 15298 Wilmington, DE 19850	W				Unknown
Account No. 414720211342		Opened 6/16/97 Last Active 7/01/15			
Chase Card Po Box 15298 Wilmington, DE 19850	W				39.00
Sheet no. 5 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)		2,620.00

In re **Timothy Michael Kostka,
Shannon Marie Kostka**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 4147202092780079		Opened 11/01/11 Last Active 10/01/12				
Chase Card Po Box 15298 Wilmington, DE 19850	J					0.00
Account No. 4266841091902823		Opened 4/21/06 Last Active 11/09/07				
Chase Card Po Box 15298 Wilmington, DE 19850	H	Credit Card				0.00
Account No. 5466160128304845		Opened 2/17/05 Last Active 1/17/11				
Citi Po Box 6241 Sioux Falls, SD 57117	W					0.00
Account No.		Apartment Lease				
Clear Ridge Condo Association 6525 W 64Th Pl Chicago, IL 60638	J					0.00
Account No. T790VANN020031973910		Opened 12/16/14				
Cmre. 877-572-7555 3075 E Imperial Hwy Ste Brea, CA 92821	W	Collection Attorney Macneal Hospital				66.00
Sheet no. 6 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			66.00

In re **Timothy Michael Kostka,
Shannon Marie Kostka**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
						0.00
Account No. 142215315086723		Opened 11/03/06 Last Active 10/08/07 Charge Account				
Comenity Bank/Express 4590 E Broad St Columbus, OH 43213	H					0.00
Account No. 142628268300667		Opened 11/19/03 Last Active 3/13/13 Charge Account				
Comenity Bank/Vctrsssec Po Box 182789 Columbus, OH 43218	W					0.00
Account No.		Notice				
Cook County Circuit Court Cause No: 45M1-02948 50 W. Washington St. Chicago, IL 60602	J					0.00
Account No. 4447962144955782		Opened 10/11/07 Last Active 3/01/10 Credit Card				
Credit One Bank Na Po Box 98875 Las Vegas, NV 89193	H					0.00
Account No. 1394543001		Opened 11/22/05 Last Active 11/21/08 Automobile				
Credit Union 1 200 E Champaign Ave Rantoul, IL 61866	J					0.00
Sheet no. 7 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			0.00

In re **Timothy Michael Kostka,
Shannon Marie Kostka**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
Account No. 32553081		Opened 4/10/15 Last Active 9/01/13 Collection Attorney At T			
Diversified Consultant 10550 Deerwood Park Blvd Jacksonville, FL 32256	W				105.00
Account No.		Notice			
Diversified Consultants, Inc PO Box 551268 Jacksonville, FL 32255	J				0.00
Account No.		Medical Bills			
Express Scripts PO Box 790227 Saint Louis, MO 63179	J				7.00
Account No.		Medical Bills			
George Skarpathiotis MD SC 2709 Momentum Place Chicago, IL 60689	J				264.00
Account No.		Notice			
Harris & Harris 111 west Jackson Blvd STE 400 Chicago, IL 60604	J				0.00
Sheet no. 8 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)			376.00

In re **Timothy Michael Kostka,
Shannon Marie Kostka**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 003112209		Medical Bills				13.00
Illinois Emergency Medicine L PO Box 366 Hinsdale, IL 60522	J					
Account No. 6001179026		Opened 10/18/10 Last Active 11/14/11				
Jared-Galleria Of Jwlr 375 Ghent Rd Fairlawn, OH 44333	H	Charge Account				0.00
Account No. 3154164390		Opened 2/27/14 Last Active 12/22/14				
Kay Jewelers 375 Ghent Rd Fairlawn, OH 44333	H	Charge Account				0.00
Account No. 6001178911		Opened 10/18/10 Last Active 11/14/11				
Kay Jewelers 375 Ghent Rd Fairlawn, OH 44333	H	Charge Account				0.00
Account No.		Notice				
Kevin W. Mortell 1821 Walden Off. Square Suite 400 Schaumburg, IL 60173	J					0.00
Sheet no. 9 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			13.00

In re **Timothy Michael Kostka,
Shannon Marie Kostka**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
Account No. 6393050270250137		Opened 11/02/97 Last Active 6/17/15 Charge Account			
Kohls/Capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051	W				2,760.00
Account No.		Medical Bills			
MacNeal Hospital Po Box 830913 Birmingham, AL 35283	J				253.00
Account No. 4383366643720		Opened 11/11/12 Last Active 5/20/13 Charge Account			
Mcydsnb 9111 Duke Blvd Mason, OH 45040	H				0.00
Account No. 8100322207		Opened 2/01/10 Collection Attorney Edward Hospital			
Merchants Credit Guide 223 W Jackson Blvd Ste 4 Chicago, IL 60606	H				1,688.00
Account No. 8142868067		Opened 10/13/14 Last Active 6/01/13 Collection Attorney Adventist La Grange			
Merchants Credit Guide 223 W Jackson Blvd Ste 4 Chicago, IL 60606	H				322.00
Sheet no. 10 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)			5,023.00

In re **Timothy Michael Kostka,
Shannon Marie Kostka**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
					W
Account No. 8131630822		Opened 6/12/13 Last Active 4/01/12 Collection Attorney Adventist La Grange			93.00
Merchants Credit Guide 223 W Jackson Blvd Ste 4 Chicago, IL 60606		Notice			
Account No.	J	Medical Bills			0.00
Merchants' Credit Guide Co. 223 W. Jackson Blvd #700 Chicago, IL 60606		Dental Bills			24.00
Account No. 243250	J	Notice			211.00
Metropolitan Advanced Radiological Services LTD 1362 Paysphere Circle Chicago, IL 60674					
Account No.	J				0.00
Michael Butkiewicz, DDS 6233 W. 55th St. Chicago, IL 60638					
Account No.	J				
Midland Credit Management 8875 Aero Dr Suite 200 San Diego, CA 92123					
Sheet no. 11 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)			328.00

In re **Timothy Michael Kostka,
Shannon Marie Kostka**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
					W
Account No. 8563078031 Midland Funding 8875 Aero Dr Ste 200 San Diego, CA 92123		Opened 3/26/14 Last Active 3/01/13 Factoring Company Account Citibank N.A.			3,277.00
Account No. 8563059921 Midland Funding 8875 Aero Dr Ste 200 San Diego, CA 92123	H	Opened 3/26/14 Last Active 5/01/13 Factoring Company Account Citibank N.A.			670.00
Account No. 3792385569 Northwest Collectors 3601 Algonquin Rd Ste 23 Rolling Meadows, IL 60008	W	Opened 2/17/15 Collection Attorney Rockdale Police Depa			200.00
Account No. OccHealth & Immediate Care of MacNe 6645 Paysphere Circle Chicago, IL 60674	J	Medical Bills			12.00
Account No. 8500050652492 Peoples Engy 200 East Randolph Chicago, IL 60601	H	Opened 3/21/08 Last Active 8/15/08 Utility Company			0.00
Sheet no. <u>12</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)		4,159.00

In re **Timothy Michael Kostka,
Shannon Marie Kostka**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
Account No. 6500064348952		Opened 7/01/12 Last Active 5/06/15			
Peoplesene 130 E. Randolph Drive Chicago, IL 60601	W				386.00
Account No.		Notice			
Rockdale Police Department 79 Moen Ave. Joliet, IL 60436	J				200.00
Account No.		Utilities			
Sprint PO Box 7993 Overland Park, KS 66207	J				0.00
Account No. D98352284N1		Opened 10/01/14 Last Active 8/01/14			
Stanislaus Credit Co 914 14th St Modesto, CA 95354-1011	W	Government Secured Direct Loan Cep America III			35.00
Account No. 6018595222082626		Opened 11/11/05 Last Active 1/24/06			
Syncb/Gap Po Box 965005 Orlando, FL 32896	H	Charge Account			0.00
Sheet no. 13 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)			621.00

In re **Timothy Michael Kostka,
Shannon Marie Kostka**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
					0.00
Account No. 4352376720374289 Target Nb Po Box 673 Minneapolis, MN 55440		Opened 7/10/06 Last Active 11/18/09 Credit Card			
Account No. 415223894 The Bureaus Inc 1717 Central St Evanston, IL 60201		Opened 8/13/13 Last Active 1/01/13 Collection Attorney Capital One Retail C			2,491.00
Account No. 73326393 The Eye Specialist Center, LLC 10436 Southwest Highway Suite 101 Chicago Ridge, IL 60415		07/14/2015 Medical Bills			219.00
Account No. 50237408457579001 Wells Fargo Po Box 29704 Phoenix, AZ 85038		Opened 7/10/07 Last Active 7/01/11 Automobile			0.00
Account No.					
Sheet no. 14 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)		2,710.00
			Total (Report on Summary of Schedules)		22,840.00

In re **Timothy Michael Kostka,
Shannon Marie Kostka**

Case No. _____

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

0

continuation sheets attached to Schedule of Executory Contracts and Unexpired Leases

In re **Timothy Michael Kostka,
Shannon Marie Kostka**

Case No. _____

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0

continuation sheets attached to Schedule of Codebtors

Fill in this information to identify your case:

Debtor 1	Timothy Michael Kostka
Debtor 2 (Spouse, if filing)	Shannon Marie Kostka
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS	
Case number (If known)	

Check if this is:

An amended filing
 A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status*	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	Pipefitter	Medical Assistant
Employer's name	Hayes Mechanical	Archer Family Medical Group
Employer's address	5959 S. Harlem Ave. Chicago, IL 60638	6649 W. Archer Ave. Chicago, IL 60638

How long employed there?

3 years

2 years

*See Attachment for Additional Employment Information

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 4,352.00	\$ 1,991.39
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ 0.00
4. Calculate gross Income. Add line 2 + line 3.	4. \$ 4,352.00	\$ 1,991.39

Debtor 1 **Timothy Michael Kostka**
 Debtor 2 **Shannon Marie Kostka**

Case number (if known) _____

Copy line 4 here	For Debtor 1	For Debtor 2 or non-filing spouse
4. _____	\$ 4,352.00	\$ 1,991.39
<p>5. List all payroll deductions:</p> <p>5a. Tax, Medicare, and Social Security deductions _____ 5a. \$ 772.00 _____ \$ 234.82 _____</p> <p>5b. Mandatory contributions for retirement plans _____ 5b. \$ 0.00 _____ \$ 0.00 _____</p> <p>5c. Voluntary contributions for retirement plans _____ 5c. \$ 0.00 _____ \$ 0.00 _____</p> <p>5d. Required repayments of retirement fund loans _____ 5d. \$ 0.00 _____ \$ 0.00 _____</p> <p>5e. Insurance _____ 5e. \$ 0.00 _____ \$ 0.00 _____</p> <p>5f. Domestic support obligations _____ 5f. \$ 0.00 _____ \$ 0.00 _____</p> <p>5g. Union dues _____ 5g. \$ 65.29 _____ \$ 0.00 _____</p> <p>5h. Other deductions. Specify: _____ 5h.+ \$ 0.00 + \$ 0.00 _____</p> <p>6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 837.29 _____ \$ 234.82 _____</p> <p>7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 3,514.71 _____ \$ 1,756.57 _____</p> <p>8. List all other income regularly received:</p> <p>8a. Net income from rental property and from operating a business, profession, or farm <small>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.</small> 8a. \$ 0.00 _____ \$ 0.00 _____</p> <p>8b. Interest and dividends 8b. \$ 0.00 _____ \$ 0.00 _____</p> <p>8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive <small>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.</small> 8c. \$ 0.00 _____ \$ 828.32 _____</p> <p>8d. Unemployment compensation 8d. \$ 0.00 _____ \$ 0.00 _____</p> <p>8e. Social Security 8e. \$ 0.00 _____ \$ 0.00 _____</p> <p>8f. Other government assistance that you regularly receive <small>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.</small> <small>Specify:</small> 8f. \$ 0.00 _____ \$ 0.00 _____</p> <p>8g. Pension or retirement income 8g. \$ 0.00 _____ \$ 0.00 _____</p> <p>8h. Other monthly income. Specify: Pipe Fitter Union, Gross: 361.40 8h.+ \$ 361.40 + \$ 0.00 _____</p> <p>9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 361.40 _____ \$ 828.32 _____</p> <p>10. Calculate monthly income. Add line 7 + line 9. <small>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.</small> 10. \$ 3,876.11 + \$ 2,584.89 = \$ 6,461.00</p> <p>11. State all other regular contributions to the expenses that you list in Schedule J. <small>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.</small> <small>Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.</small> <small>Specify:</small> 11. +\$ 0.00</p> <p>12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. <small>Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies</small> 12. \$ 6,461.00</p> <p>13. Do you expect an increase or decrease within the year after you file this form?</p> <p><input checked="" type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes. Explain: NOTE: Husband income tax deduction includes both of his sources of income.</p>		

Debtor 1 **Timothy Michael Kostka**
Debtor 2 **Shannon Marie Kostka**

Case number (if known) _____

Official Form B 6I
Attachment for Additional Employment Information

Debtor	
Occupation	
Name of Employer	Pipe Fitters Union - Local Union 597
How long employed	
Address of Employer	

Fill in this information to identify your case:

Debtor 1	Timothy Michael Kostka
Debtor 2 (Spouse, if filing)	Shannon Marie Kostka
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS	
Case number (If known)	

Check if this is:

An amended filing
 A supplement showing post-petition chapter 13 expenses as of the following date:
 MM / DD / YYYY
 A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 ■ No
 Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? No

Do not list Debtor 1 and Debtor 2. Yes. Fill out this information for each dependent.....
 Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Daughter	2	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Son	4	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Son	13	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 900.00

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues
 5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	<u>0.00</u>
4b. \$	<u>0.00</u>
4c. \$	<u>100.00</u>
4d. \$	<u>0.00</u>
5. \$	<u>0.00</u>

Debtor 1 **Timothy Michael Kostka**
 Debtor 2 **Shannon Marie Kostka**

Case number (if known) _____

6. Utilities:

6a. Electricity, heat, natural gas	6a. \$ <u>300.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>67.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>100.00</u>
6d. Other. Specify: Cable/Internet	6d. \$ <u>160.00</u>
	\$ <u>200.00</u>

Cell Phones

7. Food and housekeeping supplies

8. Childcare and children's education costs

9. Clothing, laundry, and dry cleaning

10. Personal care products and services

11. Medical and dental expenses

12. Transportation. Include gas, maintenance, bus or train fare.

Do not include car payments.

13. Entertainment, clubs, recreation, newspapers, magazines, and books

14. Charitable contributions and religious donations

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>307.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: _____

16. \$ 0.00

17. Installment or lease payments:

17a. Car payments for Vehicle 1	17a. \$ <u>440.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).

19. Other payments you make to support others who do not live with you.

Specify: _____

19. \$ 0.00

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>

21. Other: Specify: **Incidental/Discretionary Spending**

Auto Licensing/Registration/Maint.	+\$ <u>250.00</u>
Postage & Banking	+\$ <u>40.00</u>
Alcohol/Tabacco	+\$ <u>35.00</u>
Private School for 13 yr old	+\$ <u>150.00</u>
	+\$ <u>350.00</u>

22. Your monthly expenses. Add lines 4 through 21.

The result is your monthly expenses.

22. \$ 6,399.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 6,461.00

23b. Copy your monthly expenses from line 22 above.

23b. -\$ 6,399.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$ 62.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain: _____

United States Bankruptcy Court
Northern District of Illinois

In re **Timothy Michael Kostka**
Shannon Marie Kostka

Debtor(s)

Case No.

Chapter **7**

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 34 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date October 21, 2015Signature /s/ Timothy Michael Kostka**Timothy Michael Kostka**

Debtor

Date October 21, 2015Signature /s/ Shannon Marie Kostka**Shannon Marie Kostka**

Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
Northern District of Illinois

In re **Timothy Michael Kostka**
Shannon Marie Kostka

Debtor(s)

Case No.
Chapter

7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$44,618.31	Husband Employment Income 2015 to 10/02/2015
\$19,428.75	Wife Employment Income 2015 to 10/02/2015
\$81,884.00	Employment Income 2014
\$62,214.00	Employment Income 2013

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
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3. Payments to creditors

None *Complete a. or b., as appropriate, and c.*

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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None c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Midland Funding v Shannon Marie Kostka 15M1-102948	Collection	Cook County Court 2600 S. California Ave. Chicago, IL 60608	Judgment

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED		DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY	
5. Repossessions, foreclosures and returns				
None	<input checked="" type="checkbox"/> List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)			
NAME AND ADDRESS OF CREDITOR OR SELLER		DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY	
6. Assignments and receiverships				
None	<input checked="" type="checkbox"/> a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)			
NAME AND ADDRESS OF ASSIGNEE		DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT	
None	<input checked="" type="checkbox"/> b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)			
NAME AND ADDRESS OF CUSTODIAN		NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
7. Gifts				
None	<input checked="" type="checkbox"/> List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)			
NAME AND ADDRESS OF PERSON OR ORGANIZATION		RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
8. Losses				
None	<input checked="" type="checkbox"/> List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)			
DESCRIPTION AND VALUE OF PROPERTY		DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS	
9. Payments related to debt counseling or bankruptcy				
None	<input type="checkbox"/> List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within one year immediately preceding the commencement of this case.			
NAME AND ADDRESS OF PAYEE		DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY	

B7 (Official Form 7) (04/13)

4

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Law Offices of Jason R Moseley 1559 E 85th Ave Merrillville, IN 46410	5/9/2015 - Date of Filing	\$ 1,499.00 Attorney Fees \$ 335.00 Filing Fee \$ 73.00 Credit Reports \$ 9.95 Pre-Filing Credit Counseling Course(s)

10. Other transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFeree, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER		DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
15. Prior address of debtor			
None	<input checked="" type="checkbox"/> If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.		
ADDRESS	NAME USED	DATES OF OCCUPANCY	
16. Spouses and Former Spouses			
None	<input checked="" type="checkbox"/> If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.		
NAME			
17. Environmental Information.			
For the purpose of this question, the following definitions apply:			
"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.			
"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.			
"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law			
None	<input checked="" type="checkbox"/> a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:		
SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
None	<input checked="" type="checkbox"/> b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.		
SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
None	<input checked="" type="checkbox"/> c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.		
NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION	

18 . Nature, location and name of business

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

LAST FOUR DIGITS OF
SOCIAL-SECURITY OR
OTHER INDIVIDUAL
TAXPAYER-I.D. NO.

NAME	(ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
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None

b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
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None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
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None

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
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20. Inventories

None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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None b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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21 . Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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22 . Former partners, officers, directors and shareholders

None a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23 . Withdrawals from a partnership or distributions by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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24. Tax Consolidation Group.

None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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25. Pension Funds.

None If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * *

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date October 21, 2015

Signature /s/ Timothy Michael Kostka
Timothy Michael Kostka
Debtor

Date October 21, 2015

Signature /s/ Shannon Marie Kostka
Shannon Marie Kostka
Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: -NONE-	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date October 21, 2015

Signature /s/ Timothy Michael Kostka
Timothy Michael Kostka
Debtor

Date October 21, 2015

Signature /s/ Shannon Marie Kostka
Shannon Marie Kostka
Joint Debtor

United States Bankruptcy Court
Northern District of Illinois

In re **Timothy Michael Kostka**
Shannon Marie Kostka

Debtor(s)

Case No.
Chapter **7**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ 1,499.00
Prior to the filing of this statement I have received	\$ 1,499.00
Balance Due	\$ 0.00

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: October 21, 2015

/s/ Jason R. Moseley

Jason R. Moseley 29397-45
Law Offices of Moseley & Martinez, LLC
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**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS**

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

B 201B (Form 201B) (12/09)

United States Bankruptcy Court
Northern District of Illinois

In re Timothy Michael Kostka Case No. _____
Shannon Marie Kostka Chapter 7
Debtor(s) _____

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Timothy Michael Kostka
Shannon Marie Kostka

Printed Name(s) of Debtor(s)

Case No. (if known) _____

<input checked="" type="checkbox"/> <u>/s/ Timothy Michael Kostka</u>	<u>October 21, 2015</u>
Signature of Debtor	Date
<input checked="" type="checkbox"/> <u>/s/ Shannon Marie Kostka</u>	<u>October 21, 2015</u>
Signature of Joint Debtor (if any)	Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**United States Bankruptcy Court
Northern District of Illinois**

In re **Timothy Michael Kostka
Shannon Marie Kostka**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: **63**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **October 21, 2015**

/s/ Timothy Michael Kostka

Timothy Michael Kostka

Signature of Debtor

Date: **October 21, 2015**

/s/ Shannon Marie Kostka

Shannon Marie Kostka

Signature of Debtor

A/R Concepts
18-3 E Dundee Rd Ste 330
Barrington, IL 60010

Adroita
120 E Ogden Ave
Hinsdale, IL 60521

Adventist La Grange Memorial Hosp.
PO Box 24013
Chattanooga, TN 37422

Advocate Christ Medical Center
4440 West 95th Street
Oak Lawn, IL 60453

Advocate Health Care
PO Box 4256
Carol Stream, IL 60197

Advocate Medical Group
PO Box 92523
Chicago, IL 60675

Aes/Nct
Po Box 61047
Harrisburg, PA 17106

Amex
Po Box 297871
Fort Lauderdale, FL 33329

Amex
P.O. Box 297871
Fort Lauderdale, FL 33329-7871

Archer Family Medical Group L
6649 W Archer Ave
Chicago, IL 60638

AT&T
PO Box 6416
Carol Stream, IL 60197-6416

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1821 Walden Office Square
Suite 400
Schaumburg, IL 60173

Blatt, Hasenmiller, Leibskar & Moor
125 S. Wacker Drive, Suite 400
Chicago, IL 60606

Cap One
26525 N Riverwoods Blvd
Mettawa, IL 60045

Cap1/Bstby
26525 N Riverwoods Blvd
Mettawa, IL 60045

Cap1/Cosco
Po Box 5253
Carol Stream, IL 60197

Capital One Auto Finan
3901 Dallas Pkwy
Plano, TX 75093

Capital One Bank Usa N
15000 Capital One Dr
Richmond, VA 23238

Carson Pirie Scott
331 W Wisconsin Ave
Milwaukee, WI 53202

Cbna
Po Box 6283
Sioux Falls, SD 57117

Chase
P.O. Box 15298
Wilmington, DE 19850

Chase Card
Po Box 15298
Wilmington, DE 19850

Citi
Po Box 6241
Sioux Falls, SD 57117

Clear Ridge Condo Association
6525 W 64Th Pl
Chicago, IL 60638

Cmre. 877-572-7555
3075 E Imperial Hwy Ste
Brea, CA 92821

Comenity Bank/Express
4590 E Broad St
Columbus, OH 43213

Comenity Bank/Vctrsssec
Po Box 182789
Columbus, OH 43218

Cook County Circuit Court
Cause No: 45M1-02948
50 W. Washington St.
Chicago, IL 60602

Credit One Bank Na
Po Box 98875
Las Vegas, NV 89193

Credit Union 1
200 E Champaign Ave
Rantoul, IL 61866

Diversified Consultant
10550 Deerwood Park Blvd
Jacksonville, FL 32256

Diversified Consultants, Inc
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Jacksonville, FL 32255

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Saint Louis, MO 63179

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Chicago, IL 60689

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111 west Jackson Blvd
STE 400
Chicago, IL 60604

Illinois Attorney General
500 S. Second St.
Springfield, IL 62706

Illinois Department of Revenue
PO Box 64338
Chicago, IL 60664-0338

Illinois Emergency Medicine L
PO Box 366
Hinsdale, IL 60522

IRS
Centralized Insolvency Operation
PO Box 21126
Philadelphia, PA 19114-0326

Jared-Galleria Of Jwlr
375 Ghent Rd
Fairlawn, OH 44333

Kay Jewelers
375 Ghent Rd
Fairlawn, OH 44333

Kevin W. Mortell
1821 Walden Off. Square
Suite 400
Schaumburg, IL 60173

Kohls/Capone
N56 W 17000 Ridgewood Dr
Menomonee Falls, WI 53051

MacNeal Hospital
Po Box 830913
Birmingham, AL 35283

Mcydsnb
9111 Duke Blvd
Mason, OH 45040

Merchants Credit Guide
223 W Jackson Blvd Ste 4
Chicago, IL 60606

Merchants' Credit Guide Co.
223 W. Jackson Blvd
#700
Chicago, IL 60606

Metropolitan Advanced
Radiological Services LTD
1362 Paysphere Circle
Chicago, IL 60674

Michael Butkiewicz, DDS
6233 W. 55th St.
Chicago, IL 60638

Midland Credit Managment
8875 Aero Dr
Suite 200
San Diego, CA 92123

Midland Funding
8875 Aero Dr Ste 200
San Diego, CA 92123

Northwest Collectors
3601 Algonquin Rd Ste 23
Rolling Meadows, IL 60008

OccHealth & Immediate Care of MacNe
6645 Paysphere Circle
Chicago, IL 60674

Peoples Engy
200 East Randolph
Chicago, IL 60601

Peoplesene
130 E. Randolph Drive
Chicago, IL 60601

Rockdale Police Department
79 Moen Ave.
Joliet, IL 60436

Sprint
PO Box 7993
Overland Park, KS 66207

Stanislaus Credit Co
914 14th St
Modesto, CA 95354-1011

Syncb/Gap
Po Box 965005
Orlando, FL 32896

Target Nb
Po Box 673
Minneapolis, MN 55440

The Bureaus Inc
1717 Central St
Evanston, IL 60201

The Eye Specialist Center, LLC
10436 Southwest Highway
Suite 101
Chicago Ridge, IL 60415

Wells Fargo
Po Box 29704
Phoenix, AZ 85038